

Kansas Department of Health and Environment

Below is a brief review of a number of programs and agency activity around behavioral/mental health in Kansas. This is not an exhaustive list but I will point out that KDHE is the State public health office and public health serves 3 functions, Assessment, Policy and Program Development, and Assurance. As a result, identifying public health issues or concerns through data analysis and surveillance is a common activity. Developing evidence-based interventions or programs to address those concerns is followed by assurance that the intervention is applied appropriately and that further adjustments in the intervention isn't necessary to be successful.

DIVISION OF HEALTH CARE FINANCE

Health homes focus on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. Caregivers in a health home communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

There are certain federal requirements that apply to health homes and determine who is eligible. To be eligible for a health home, a Medicaid consumer must have at least:

- Two chronic conditions; or
- One chronic condition and be at risk for a second; or
- One serious and persistent mental health condition.

Chronic conditions include:

- A mental health condition
- A substance use disorder
- Asthma
- Diabetes
- Heart disease
- A body mass index (BMI) greater than 25

We originally expected to implement health homes for people with serious mental illness (SMI) on January 1, 2014. However, to be optimally successful and to ensure that we achieve the program goals we are delaying the implementation of health homes for the SMI population until July 1, 2014. We anticipate implementing health homes for KanCare members who have other chronic conditions in July 2014, as planned. We will continue to work diligently toward the new implementation date because we have already completed much of the work needed, and the provision of health homes is a critical component of the positive health outcomes we expect from KanCare.

Health homes will provide comprehensive and intensive coordination of care which will result in positive outcomes for KanCare members who experience chronic conditions such as SMI or diabetes. These are KanCare members who need more concentrated care coordination than most. Health homes will ensure that:

- Critical information is shared among providers and with health home consumers
- Members have the tools they to manage their chronic conditions
- Critical screenings and tests are performed regularly and on time
- Unnecessary emergency room visits and hospital stays are avoided

- Community and social supports are in place to help health home consumers stay healthy

Health home learning collaboratives The Wichita State University Center for Community Support & Research (CCSR) is working closely with KDHE and Health Home partners (HHPs) to develop a learning collaborative as part of the implementation of Health Homes in Kansas.

Health home learning collaboratives serve as an opportunity to build the capacity of health home partners and connect participants to other resources and opportunities through the use of webinars, face-to-face meetings, phone conferences, and regional or topical meetings.

CCSR's exploration of a health home learning collaborative includes several components:

Learning Collaborative Design Team. This team meets at least once a month.

Exploration of other states' approaches.

Health Home Key Stakeholder Interviews. Planned for October-November, 2013 via telephone. Possible participants include representatives from KDHE, MCOs, MHCs, CDDOs, Health Departments, Universities, and Foundations. Interview notes and materials from other states will be analyzed by CCSR staff and design team members to determine common themes or ideas related to health home implementation and the development of a health homes learning collaborative.

For more information about the health homes learning collaborative, contact Scott Wituk, Executive Director at CCSR, at (316) 978-3327 or scott.wituk@wichita.edu

The Health Homes Focus Group is comprised of more than 70 stakeholders. This group provides input on the development of the health homes program, and reviews draft materials for the health homes State Plan Amendment. If you are a provider, consumer, or part of another stakeholder group interested in health homes, you can contact a focus group member in your area of interest for more information on how health homes might impact you. A list of focus group members is available [here](#)

DIVISION OF PUBLIC HEALTH

Outside of the funding and administration for the provision of services through our State Employee Health Plan and the State Medicaid program, KDHE is involved more with data collection and analysis than in treatment but has strong activities around prevention and promoting overall good health in many other ways. The two Bureaus that provide a good deal of the public health data used for assessment and monitoring includes our Bureau of Health Promotion with the Behavioral Risk Factor Surveillance Survey program and the Bureau of Epidemiology and Public Health Informatics.

Bureau of Epidemiology and Public Health Informatics

This Bureau includes our Office of Vital Statistics and helps with the development and presentation of public health information along with our partners on the Kansas Health Matters website that also includes prevalence rates of many conditions and diseases that are available at the state-wide to local levels.

Information supplied by BEPHI-KDHE for Suicide Prevention Week in Kansas, September 8 – 14 for example included the following talking points:

In 2010, suicide was the 10th leading cause of death among Kansans of all ages.

Notwithstanding the emotional burden on families and communities, the cost of suicide in Kansas was nearly 500 million dollars, according to the CDC.

From 2006-2010, there were 1,891 deaths by suicide in Kansas. The leading cause was firearm, and those deaths accounted for 21 percent of all injury events reported.

When you look at Hospital Discharge data alone, the number is 7,692 for the timeframe 2005 to 2009, with the leading injury cause by poisoning.

The age group with the highest rate of suicide-related emergency department visits is the 15-19 years old age group, and the gender is female exceeding the males by 50 percent.

From 2006 to 2010, 42% of all suicide deaths in women were caused by poisoning, and 60% of all suicide deaths in men were caused by firearm.

Bureau of Family Health Contributions:

BFH participates on Kansas Governor's Mental Health Suicide Prevention Subcommittee as the Adolescent Health Consultant.

Yellow Ribbon Suicide Prevention Program dates back to 2003 in the school systems beginning with training of a school nurse and two administrators in the Wichita School District on Yellow Ribbon Suicide Prevention Program; the program has been presented at various workshops and conferences across Kansas.

The BFH also has involvement in a couple other programs such as the National Priorities for the Title V Maternal and Child Health Services Block Grant Program which includes a focus to reduce the rate of suicide deaths among youth aged 15 through 19. The Maternal, Infant and Early Childhood Home Visiting Program also incorporates mental health as part of the education and care plan.

Laurie Hart, BFH, delivered a presentation at the KPHA conference last week around our Bullying Prevention program "Steps to Respect."

According to YRBS, students in grades 9-12 are experiencing bullying at school (2011 YRBS)

Kansas passed a law in 2008 to address bullying KSA 72-8256

In 2010, KDHE Sexual Violence Prevention and Education Program (SVPE) enlisted schools to implement Committee for Children Steps to Respect (STR) Bullying Prevention Program which is:

- Evidence-based
- Addresses social ecological model
- Easy to Implement
- Provides training
- Addresses protective factor of friendship
- Includes a skill building component

Participants:

- 19 Total Schools Participated
- 13 Schools for All Three Years
- 10 Public, 2 Parochial
- Student population range 125-550
- 1,820 total Kansas students grades 3-6

Dr. Eric Vernberg, University of Kansas, is conducting the evaluation component for us.

- Pre/post surveys to students
- End of year staff survey
 - Less victimization
 - Less verbal/emotional victimization
 - Less engagement in verbal/emotional bullying

Bureau of Community Health Systems

Within this bureau is our Primary Care Office, Office of Rural Health, Office of Local Public Health, Health Facilities, and Public Health Preparedness.

We have been very active across the state discussing the integration of primary care and public health as a way of making our systems more effective and efficient working together on community health concerns and needs. There are many successful examples of work going on in this arena across Kansas and I'll cover some of the value of this effort and other considerations going forward we should be mindful as we develop any new efforts.